

Foster Family Home - Corrective Action Report

Provider ID: 1-210025

Home Name: Martha Anna Tia, CNA

56-367 Huehu Street

Kahuku

HI 96731

Review ID: 1-210025-1

Reviewer: David Ayling

Begin Date: 3/17/2021

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 4/17/21. [REDACTED]
Home will receive a 2 bed certification.

Foster Family Home

Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - CG #2 and HHM #1 need current APS/CAN and Fingerprints.

Foster Family Home


Personnel and Staffing


[11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - CG #2 needs proof of current certification for CPR/First Aid and Blood Borne Pathogen.


Compliance Manager


Primary Care Giver

3/17/2021
Date

3/17/2021
Date

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

(PLEASE PRINT)

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☒ All items that were fixed are attached to this CAP

Date: 4/25/2021

☒ CTA has reviewed all corrected items